

| | | | | | | |
|------------------------------------------------------------------------------------------------------------|-----------------|--------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|
| Exhibit D EQUIPMENT REPORTING FORM | CONTRACT NUMBER | | | CONTRACT NAME: | | |
| | | | | Return Form To: Montana Department of Transportation State Highway Traffic Safety Office P. O. Box 201001 Helena, MT 59620-1001 <i>Important!</i> Submit this report with your claim reimbursement | | |
| | | | | | | |
| Item Description | Make | Model | Serial Number | Cost | Date of Purchase | Location |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I hereby certify that the above equipment has been received and added to our equipment accounting records. | | | | | | |
| _____ | | | _____ | | | |
| Project Director's Signature | | | Date | | | |